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Interactive Implementation of High Value Care

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Background
With rising health care costs, there is increased emphasis on providing more cost-effective care. Although growth in US health care costs may be slowing, costs are still fifty percent higher than the next highest countries. Choosing Wisely and the ACP-AAIM High Value Care (ACP-AAIM HVC) Curriculum were developed to increase attention toward reducing unnecessary tests and procedures. Covering six topics relevant to high value care, the ACP-AAIM HVC curriculum was developed to help educators teach residents to be “good stewards of limited healthcare resources.”

Improving knowledge of costs relative to benefits of care is particularly pertinent with indirect medical education funds are provided specifically to cover the increased costs associated with teaching hospitals, including increased tests and ancillary services.

Highlighting the importance of this topic, a proposal has been made to elevate “cost-conscious care and stewardship of resources” out of the realm of systems based practice and into a seventh general competency for physicians.

Questionnaires administered to our house staff identified a lack of high value care curriculum as an area for improvement, but we were unsure how best to effectively introduce the topic.

Here we review our experience in implementing the ACP-AAIM high value care curriculum in interactive Morning Report sessions with medical students, residents and faculty.

Description
A series of interactive cases were written based on either real clinical encounters or published case reports (see example). Attendees at Morning Report were brought into groups based on clinical experience and were presented the case. The groups were able to ask clarifying questions and given three rounds of diagnostic testing with the goal of arriving at the correct diagnosis. Attempting to limit spending was not stated as a goal of the exercise. Participants were given the following rules before starting the exercise:

1. You have three rounds of testing to arrive at the correct diagnosis
2. You may utilize any laboratory test, imaging study or consultation you wish
3. Prior to the first round of testing, you must determine if the workup will be performed as an inpatient or outpatient
4. Reasonable diagnostic criteria must be met for the diagnosis
5. If the patient has an emergent cause of their symptoms, they will die (and your team will be disqualified) if either of the following occurs:
   • The patient is worked up as an outpatient
   • No diagnostic testing in the first round would lead toward the diagnosis

Once the three rounds were complete, we compared spending for each group, using cost estimates from www.healthcarebluebook.com. A short presentation covering current curriculum as an area for improvement, but we were unsure how best to effectively introduce the topic.

Here we review our experience in implementing the ACP-AAIM high value care curriculum in interactive Morning Report sessions with medical students, residents and faculty.

Diagnosis
Uncomplicated migraine headache

Results of potential workup
CT Head: No acute intracranial bleed appreciated. There is an approximately 5mm spheroid mass that would be better visualized with contrast-enhanced MRI.

Neurology consult: Obtain a lumbar puncture and an MRI head with contrast

Estimated cost to arrive at diagnosis (by group)
• Medical students: $56, 237
• Interns: $46, 146
• Residents: $23, 218
• Attending: $758

Conclusion
Our interactive and competition-based educational approach to introducing high value care curriculum was enthusiastically received and was successful in increasing awareness of the core topics addressed in the ACP-AAIM HVC curriculum and in promoting the utilization of choosingwisely.org.

Limitations
Morning Report is attended only by house staff on inpatient wards, meaning residents and students are introduced to the resources, but must then independently access them to complete the curriculum. Additionally, though our survey results suggest participants are more likely to independently access these resources, this may reflect the phenomenon of motivated reasoning, as we were unable to objectively measure utilization of these resources pre and post intervention. We are exploring the feasibility of utilizing a similar approach at our weekly protected didactic conference to provide more consistent and complete coverage of the topics for all residents.